

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23465**

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Trenton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 403 E 9th Court				f. STREET ADDRESS (If rural, give location) 403 E. 9th Court			
3. NAME OF DECEASED (Type or Print) a. (First) EARL		b. (Middle) B		c. (Last) STOKAN		4. DATE OF DEATH (Month) (Day) (Year) AUG 8 1956	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 2, 1887	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILWAY Conductor		9b. KIND OF BUSINESS OR INDUSTRY Retired		9. AGE (in years last birthday) 69		10. IF UNDER 1 YEAR Months Days Hours Min. 69	
11a. FATHER'S NAME Peter STOKAN		11b. MOTHER'S MAIDEN NAME JANE HARRISON		12. NAME OF HUSBAND OR WIFE LOIS STOKAN		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) NO		14. SOCIAL SECURITY NO. 708-14-3681		15. INFORMANT'S SIGNATURE OR NAME Dorothy DEAN STOKAN Albuquerque N.M.		ADDRESS 4500	
16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		17. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 years	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952 , to Aug 8 , 19 56 , that I last saw the deceased alive on Aug 7 , 19 56 , and that death occurred at 3:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E.A. Duffy M.D. (Degree or title)				23b. ADDRESS Trenton Mo		23c. DATE SIGNED Aug 10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 10 1956		24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Trenton, Mo	
DATE REC'D BY LOCAL REG. 8-10-56		REGISTRAR'S SIGNATURE Dorene Jarr		25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackman		ADDRESS Trenton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Harold Robert

Licensed Embalmer No. *492*

P. O. Address *Winton, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.